



DEPARTMENT OF ECONOMIC DEVELOPMENT

NEIGHBORHOOD PRESERVATION ACT TAX CREDIT  
PROGRAM

FINAL APPROVAL FORM – FORM 2

NPA Final –  
Form 2

LOG NUMBER

1a. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME OF INDIVIDUAL OR ENTITY

1b. TYPE OF ENTITY

IF APPLICANT IS A BUSINESS ENTITY:

PARTNERSHIP

☐ GENERAL

☐ LIMITED

CORPORATION

☐ REGULAR

☐ TRUST

☐ SUBCHAPTER

☐ LLC

IF APPLICANT IS AN INDIVIDUAL TAXPAYER:

☐ PROPERTY OWNER

☐ OTHER (SPECIFY) \_\_\_\_\_

NAME OF AUTHORIZED COMPANY OFFICIAL

TITLE

MAILING ADDRESS

BUSINESS ADDRESS

CITY/TOWN

CITY/TOWN

STATE

ZIP CODE

STATE

ZIP CODE

TELEPHONE

FAX

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER

NAICS CODE (See Definitions in Guidelines)

SPOUSE SOCIAL SECURITY NUMBER (if applicable)

EMAIL ADDRESS

EMAIL ADDRESS

ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER

ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER

2. PROJECT CONTACT

☐ APPLICANT

☐ OWNER

☐ OTHER (CONSULTANT, ETC.)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

3. PROPERTY INFORMATION

ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

**4. OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)**

ADDRESS

CITY/TOWN

STATE

ZIP CODE

PHONE

FAX

**5. PROJECT INFORMATION**

PROJECT START DATE (month/day/year)

PROJECT COMPLETION DATE (month/day/year)

TOTAL COST OF PROJECT (NOT INCLUDING ACQUISITION)

BASIS OF PROPERTY (ACQUISITION COST) – PROVIDE PROOF OF PURCHASE PRICE IF NOT ALREADY PROVIDED

NUMBER OF HOUSING UNITS CREATED

PERCENTAGE OF UNIT THAT IS OWNER OCCUPIED

ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT?

☐ YES☐ NO

IF YES, WHICH FEDERAL OR STATE PROGRAM? (SPECIFY AMOUNT IN SPACE PROVIDED.)

☐ Missouri Housing Development Commission \$ \_\_\_\_\_☐ Brownfield \$ \_\_\_\_\_☐ Enterprise Zone \$ \_\_\_\_\_☐ New Business Facility \$ \_\_\_\_\_☐ Federal Historic Preservation \$ \_\_\_\_\_☐ Neighborhood Assistance \$ \_\_\_\_\_☐ Neighborhood Preservation \$ \_\_\_\_\_☐ Youth Opportunity \$ \_\_\_\_\_☐ Local Community Development Block Grant \$ \_\_\_\_\_☐ Community Development Block Grant \$ \_\_\_\_\_☐ Other (please specify program(s) and amount) \_\_\_\_\_

WAS THE PROPERTY VACANT?

☐ YES ☐ NO If yes, how long? \_\_\_\_\_

PROPERTY TYPE AFTER REHABILITATION

☐ SINGLE-FAMILY/OWNER ☐ MULTI-FAMILY/OWNER ☐ RENTAL

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

☐ YES ☐ NO If yes, for how long? \_\_\_\_\_

CHECK LIST FOR REQUIRED ITEMS:

- ☐ Photographs of Completed Work
- ☐ List of Itemized expenditures (NPA-E Form)
- ☐ Copies of All Paid Receipts and Proofs of Payments
- ☐ Certification of Alien Employment (Applicable for 2000-2004 applications only)
- ☐ Local Municipality Code Approval or Certificate of Occupancy

**After Completion Return To:**

Business and Community Services  
Neighborhood Preservation Act Program  
301 W. High Street, Room 770  
P.O. Box 118  
Jefferson City, MO 65102